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ROPES & GRAY LLP ONE INTERNATIONAL PLACE BOSTON, MA 02110-2624

11/01/2004 HDENESS2 00000018 181945 09874302

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CONFIRMATION NO. APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE MIY-P01-011 7588 09/874,302 06/05/2001 Robert F. Rioux

TITLE OF INVENTION: METHODS AND DEVICES FOR THE TREATMENT OF URINARY INCONTINENCE

| APPLN, TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
|---|--------------|-----------------------|---|--|----------------------|--------------|--|
| nonprovisional | NO | *\$4386 \$1370 | | \$300 | * %*** \$167 | 0 10/28/2004 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| BENNETT, HENRY A | | 3743 | | 606-144000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the nar or agents ((2) the nar registered | ting on the patent front page, limes of up to 3 registered paten DR, alternatively, ne of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. | at attorneys 1_ROPES | & GRAY LLP | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

| Scimed Life Systems, Inc., Maple Gr | rove, Minnesota | 55311- | 1566 | | | | | |
|--|---|-----------------------------|---|------------------------|--|--|--|--|
| Please check the appropriate assignee category or categories (will not b | e printed on the patent); | individual | Corporation or other private group entity | government | | | | |
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): | | | | | | | |
| X Issue Fee | A check in the amou | int of the fee(s) | is enclosed. | | | | | |
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| Advance Order - # of Copies | X The Director is her Deposit Account Num | eby authorized ber 18-19 | by charge the required fee(s), or credit any 45 (enclose an extra copy of this | overpayment, to form). | | | | |
| 5. Change in Entity Status (from status indicated above) | | | | | | | | |
| ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). | | | | | | | |
| The Director of the USPTO is requested to apply the Issue Fee and Pub | olication Fee (if any) or to re | -apply any prev | viously paid issue fee to the application identif | fied above. | | | | |

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(Authorized Signature) (Date) Lee, <u>Reg. No.</u> 46,862 10/26/04 $_{\mathbb{R}}\mathsf{Agnes}$ S.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| Or, | Under the Par | Under the Paperwork Reduction Act of 1995, no persons are requi | | | | red to respond to a collection of information unless it displays a valid OMB control nur Complete if Known | | | | | | |
| TRANCE TRANCE | Under the Paperwork Reduction Act of 1995, no persons are require FEE TRANSMITTAL for FY 2004 | | | | . | Application Number 09/874302 | | | | | | |
| MIA | | | | | Ì | , application remise. | | | | June 5, 2001 | | |
| | | | | | Ī | First Named Inventor | | | Robert F. Rioux | | | |
| | Effective | 10/01/2003. F | Patent fees are subject to an | nual revision. | | Exam | iner Na | ame | | H. Benne | ett | |
| | Applica | nt claims si | mall entity status. See 3 | 37 CFR 1.27 | | Art Ur | nit | | | 3743 | | |
| | TOTAL AMO | JNT OF P | AYMENT (\$) | 1,670.00 | | Attom | ey Doo | ket No |). | MIY-P01 | -011 | |
| | метно | D OF PAY | MENT (check all that | apply) | | | | FEE | CALCUL | ATION (co | ontinued) | |
| | Check Deposit Ac | Credit Card | Money Order Other | None None | 3. A | DDITIO | ONAL | FEES | | | | |
| | Deposit | | | \neg | Large | Entity | Small | Entity | | | | |
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| | Account Name | | s & Gray LLP | | 1052 | 50 | 2052 | 25 | _ | - | onal filing fee or cover | |
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| | X Charge fee(s |) indicated be | elow X Credit any o | overpayments | 1053 | 130 | 1053 | 130 | Non-English | h specificatio | on | |
| | X Charge any | additional fee | (s) or any underpayment of | fee(s) | 1812 | 2,520 | 1812 | | - | | parte reexamination | |
| | Charge fee(s |) indicated b | elow, except for the filing t | fee | 1804 | 920* | 1804 | 920* | Examiner a | ction | of SIR prior to | |
| | to the above-ider | tified depos | it account. | | 1805 | 1,840* | 1805 | 1,840* | Requesting Examiner a | publication of | of SIR after | |
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| | 1. BASIC FILI Large Entity Si | NG FEE | | | 1252 1253 | 420 950 | 2252 2253 | 210 | | | n second month | ļ |
| | Fee Fee F | ee Fee | Fee Description | Fee Paid | 1253 | 1,480 | 2253 | 475 740 | | • • | n third month n fourth month | |
| | | ode (\$) 101 385 | Utility filing fee | | 1255 | 2,010 | 2255 | | | | n fifth month | <u> </u> |
| | | 02 170 | Design filing fee | | 1401 | 330 | 2401 | | Notice of A | | ii iii ii | |
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| | | SUBT | OTAL (1) (\$) | 0.00 | 1453 | 1,330 | 2453 | 665 | | evive - uninte | | - |
| | 2. EXTRA CL | AIM FEES | FOR UTILITY AND | REISSUE | 1501 | 1,330 | 2501 | 665 | Utility issue | fee (or reiss | ue) | 1,370.00 |
| | | | Extra Fee from Claims below | Fee Paid | 1502 | 480 | 2502 | 240 | Design issu | e fee | | |
| | Total Claims | -20** = | x= | | 1503 | 640 | 2503 | 320 | Plant issue | fee | | |
| | Independent Claims | -3** = | = | | 1460 | 130 | 1460 | 130 | Petitions to | the Commis | sioner | |
| | Multiple Depender | it | = | | 1807 | 50 | 1807 | 50 | - | | 7 CFR 1.17(q) | |
| | Large Entity Sm | all Entity | | | 1806 | 180 | 1806 | 180 | | | on Disclosure Stmt assignment per | |
| | Code (\$) Co | de (\$) | Fee Descriptio | <u>n</u> | 8021 | 40 | 8021 | 40 | property (tin | nes number | of properties) | |
| ı | 1202 18 22 1201 86 22 | | claims in excess of 20 ndependent claims in exce | ace of 3 | 1809 | 770 | 2809 | 385 | (37 CFR 1.1 | | r final rejection | |
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| | 1204 86 22 | | Reissue independent cla | | 1801 | 770 | 2801 | 385 | Request for | Continued E | Examination (RCE) | |
| | 1205 18 22 |)5 9 •· | over original patent Reissue claims in excess | s of 20 | 1802 | 900 | 1802 | 900 | Request for of a design | expedited e | xamination | |
| | and over original patent | | | | Other f | Other fee (specify) Publication fee for early, voluntary, or normal publication | | | | | 300.00 | |
| | ***** | | TOTAL (2) (\$) | 0.00 | *Redu | ced by E | Basic Fil | ing Fee | Paid | SUBTO | TAL (3) (\$) | 1,670.00 |
| | **or number previously paid, if greater; For Reissues, see above SUBMITTED BY | | | | | | | | - | /O | /7 II I I - N | |
| | Name (Print/Type) Agnes S. Loo | | | | | Registration No. 46,862 | | | (Complete (if applicable)) Telephone (617) 951-7794 | | | |
| | | / gries | 7 | | (Attorne | y/Agent) | 140, | | | | <u> </u> | |
| | Signature | | zash_ | | _ | | | | | Date | October 26, 200 |)4 |
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